

## Georgia's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Rights and Responsibilities

### You have a right:

- To be treated with courtesy and respect.
- To be treated fairly, regardless of race, color, national origin, disability, age or sex.
- To not be treated differently or badly for making a complaint.

### You have a responsibility:

- To treat WIC and store staff with courtesy and respect.
- To keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- To bring your WIC ID folder and all other requested documentation to each appointment.
- To participate in only one WIC clinic at a time. If you plan to move, you can talk to WIC staff about transferring.
- Follow the directions for using WIC benefits. WIC staff will tell you how to use the WIC vouchers when you are put on the program.
- To buy only the foods listed on your WIC vouchers.
- To remember that if your WIC vouchers are lost or stolen, they may not be replaced.
- To report any changes in your income, address, family size, or eligibility for Medicaid, Food Stamps, or TANF.

### You may be taken off the WIC Program if you perform any of the following actions:

- You do not tell the truth about all the information you give to WIC.
- You get benefits from more than one clinic at a time.
- If you attempt to sell WIC foods, breast pumps, or WIC vouchers by offer of sale to another person or posting the items for sale in writing or online, or allow someone else to do it for you.
- You exchange your WIC food items after purchase for any item(s) not listed on the voucher.
- You solicit other participants to violate program rules, including the selling of their vouchers.
- You use your vouchers to buy food that is not on the authorized WIC food list.
- You use abusive language with clinic staff, state staff, store personnel, or other WIC clients, or security in the clinic.
- You are physically violent with clinic staff, store personnel, or other WIC clients.
- You threaten clinic staff, state staff, store personnel, or other WIC clients, and or/security in the clinic. You commit any crime in the WIC clinic or on the grounds of the clinic.
- Your designated alternate/proxy engages in any of the listed items above.

*By signing my name, I acknowledge that:*

- *I have received a copy of the Rights and Responsibilities.*
- *I have read, or a WIC staff person has read to me, the Rights and Responsibilities of a WIC participant.*
- *I understand my rights and responsibilities to the WIC Program.*
- *I understand that the Rights and Responsibilities are printed on my WIC Identification folder.*
- *The information I have provided is correct and that the Georgia WIC Program may verify the information I have provided.*

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Participant's name (Print)

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Participant/Caretaker Signature

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Date